

# Integrating nutrition into the COVID-19 response in the DRC: Lessons learnt, questions and challenges from COVID-19

[30/03/2021]

# Summary:

1. Context
2. The different stages of the process of integrating nutrition into the response plan
3. Key interventions and results achieved
4. Challenges and perspectives

# Context COVID-19 in DRC

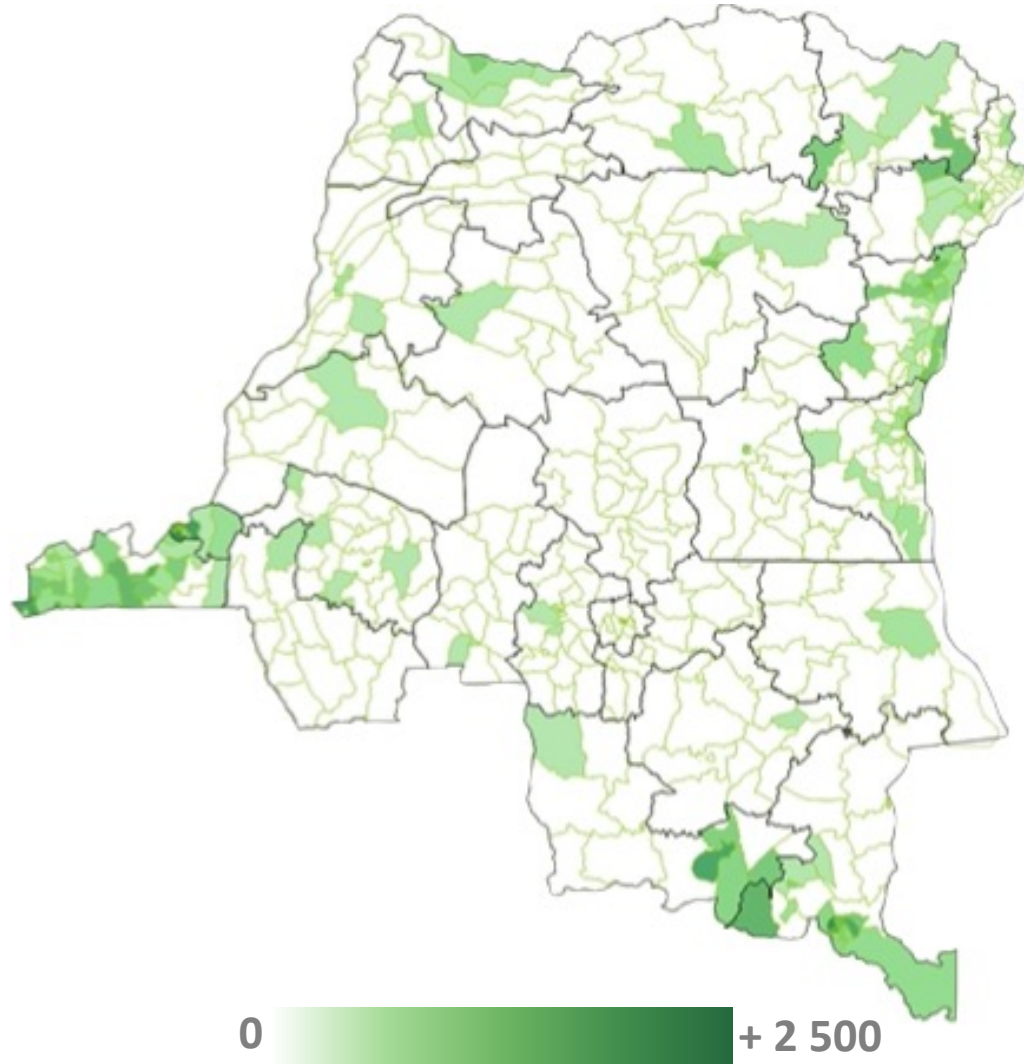
# of COVID-19, S12 à S53

27 580

# of COVID-19 cases\*

726

# of COVID-19 deaths\*



1,7M

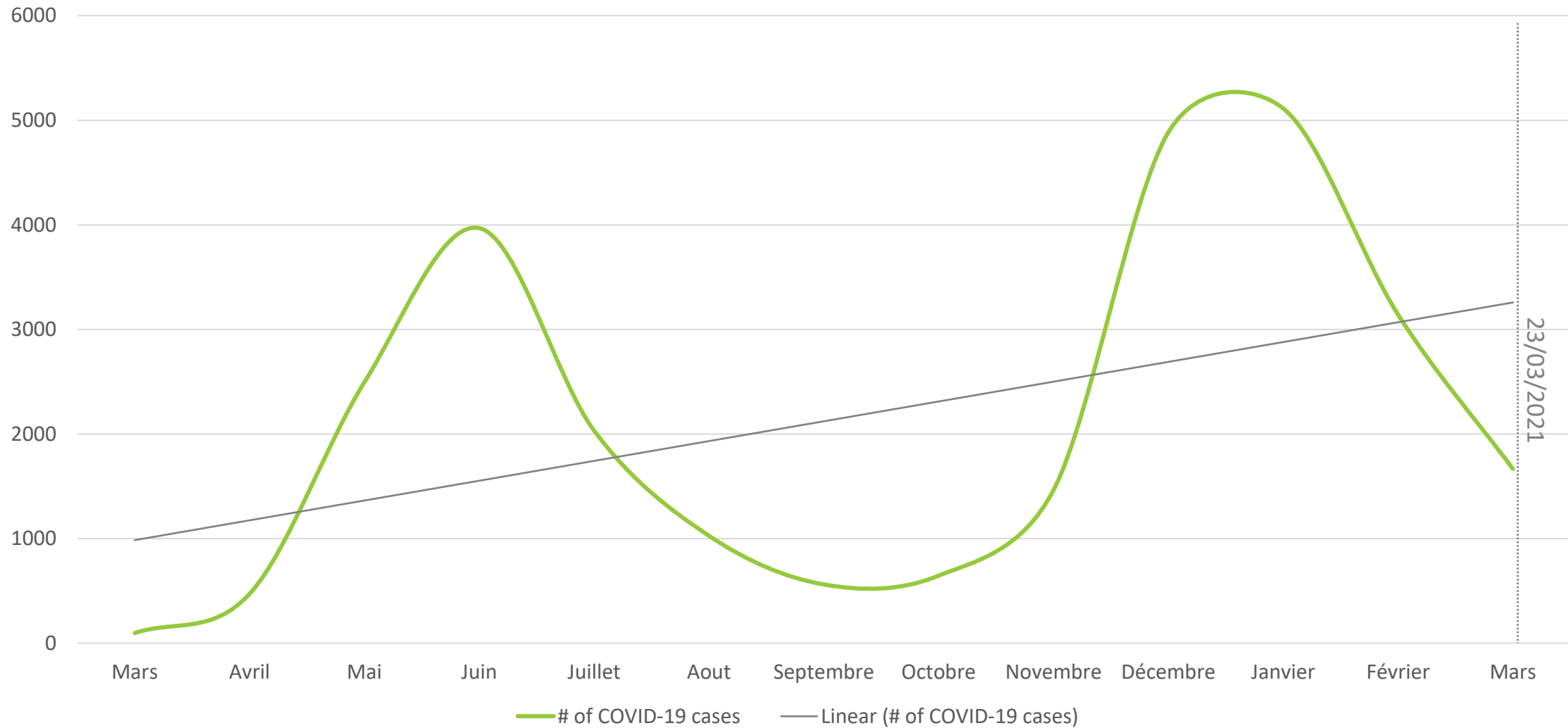
# of vaccines\*\*



No presence of variants in DRC

# Context COVID-19 in DRC

# of COVID-19 cases\*



# Stages for integrating nutrition into the COVID-19 response plan



Novel coronavirus



Declaration of the Pandemic



Declaration of health emergency



Creation of the NUT-COVID-19 TWG

December 2019

March 2020

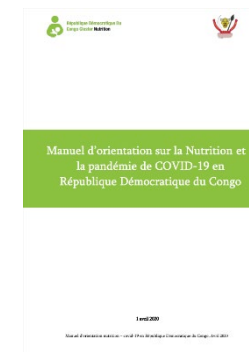
April 2020



1<sup>st</sup> Case of COVID-19 in DRC



Statement by the President of the DRC against the COVID-19 pandemic



Development of the guidance manual on nutrition and the COVID-19 pandemic in the DRC

# Stages for integrating nutrition into the COVID-19 response plan



April 2020



Analysis of nutritional support within the KINSHASA COTCs (COVID Treatment Center)



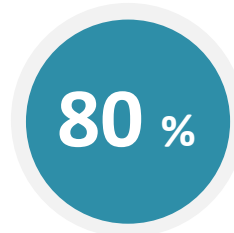
## Hospital

1 in 7 structures provide nutritional care for COVID-19 patients



## Nutritionists

Qualified personnel not involved in the management of COVID-19 cases



## Material

80% of hospitals have no supplies, anthropometric materials or utensils for preparations



## Evaluations

58% of facilities do not perform a nutritional assessment on severely positive COVID-19 patients

# Stages for integrating nutrition into the COVID-19 response plan



April 2020



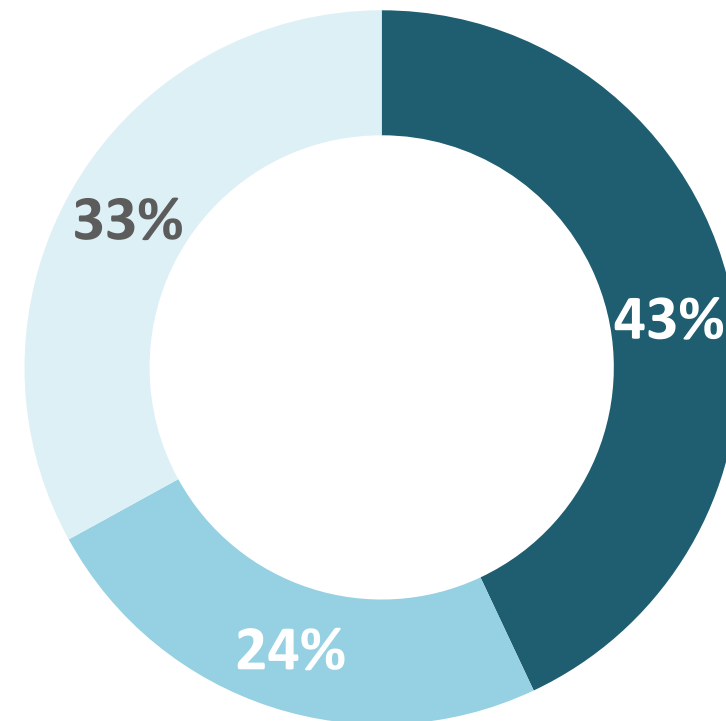
Analysis of nutritional support within the KINSHASA COTCs



## Évaluations

58% of facilities do not perform a nutritional assessment on severely positive COVID-19 patients

## Patient nutritional assessment result



- Malnourished (Undernutrition)
- Good nutritional status
- Overweight / obesity

# Stages for integrating nutrition into the COVID-19 response plan



Analysis of nutritional support within the KINSHASA COTCs

April 2020



PLAN D'INTEGRATION DE LA NUTRITION DANS LA PRISE EN CHARGE DES MALADES COVID -19

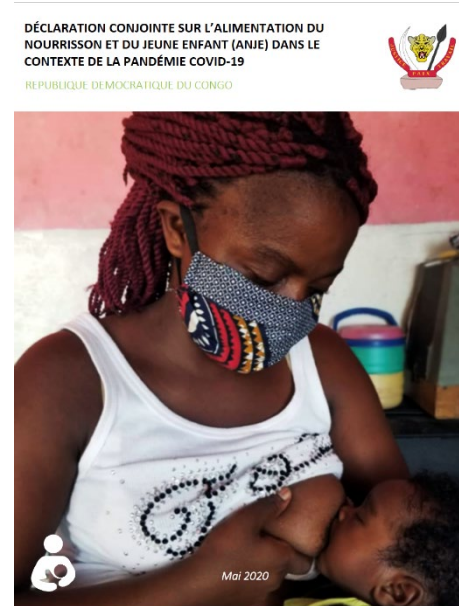
SOUS-COMMISSION NUTRITION

Mai 2020

May 2020



Nutrition - COVID-19 sub-committee set up at the Ministry of Health



June 2020

Signature and dissemination of the joint declaration on IYCF-E in the context of COVID-19



# Stages for integrating nutrition into the COVID-19 response plan

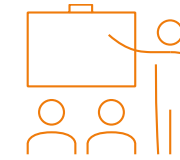


Development and dissemination of VAS guidelines in the context of COVID-19

JUNE 2020

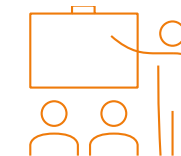


JULY 2020



20 trainers and 60 providers trained in COTCs in Kinshasa

SEPTEMBER – MARCH 2021

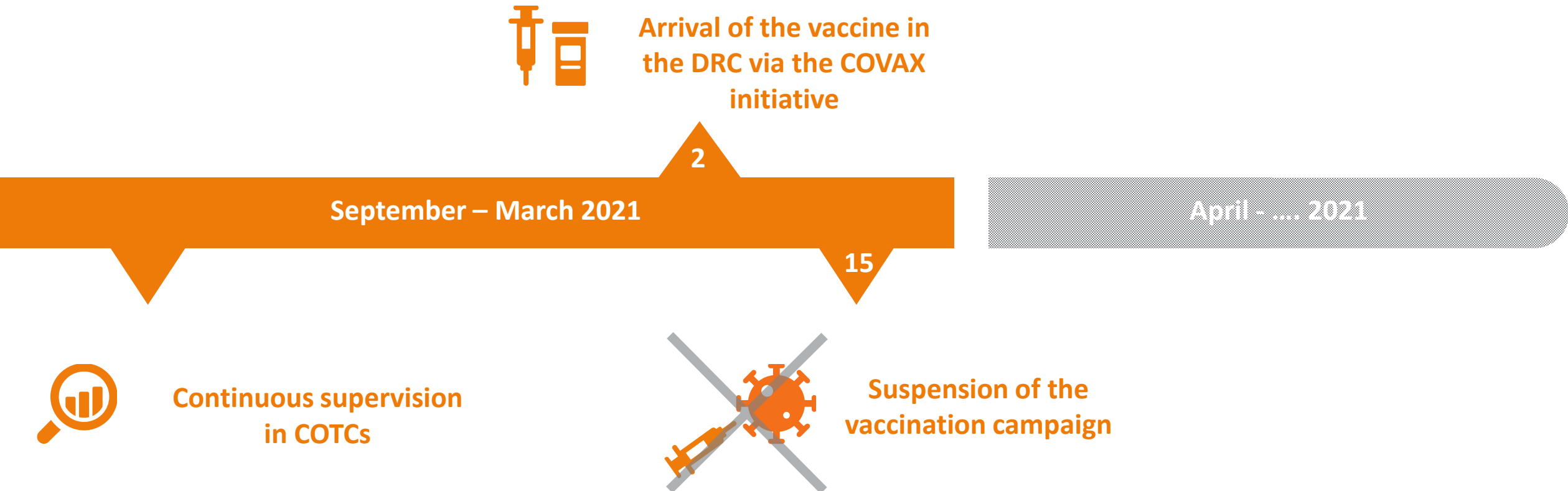


COTCs in Central Congo and North Kivu trained



Development of nutrition data collection support in COTCs

# Stages for integrating nutrition into the COVID-19 response plan



# Key results achieved

## Nutritional supplies

Presence of nutritional supplies in every COTC



## Reagents

Allow the biochemical assessment of COVID-19 patients



## Materials

Allows systematic assessment of the nutritional status of COVID-19 patients



## Dietetics

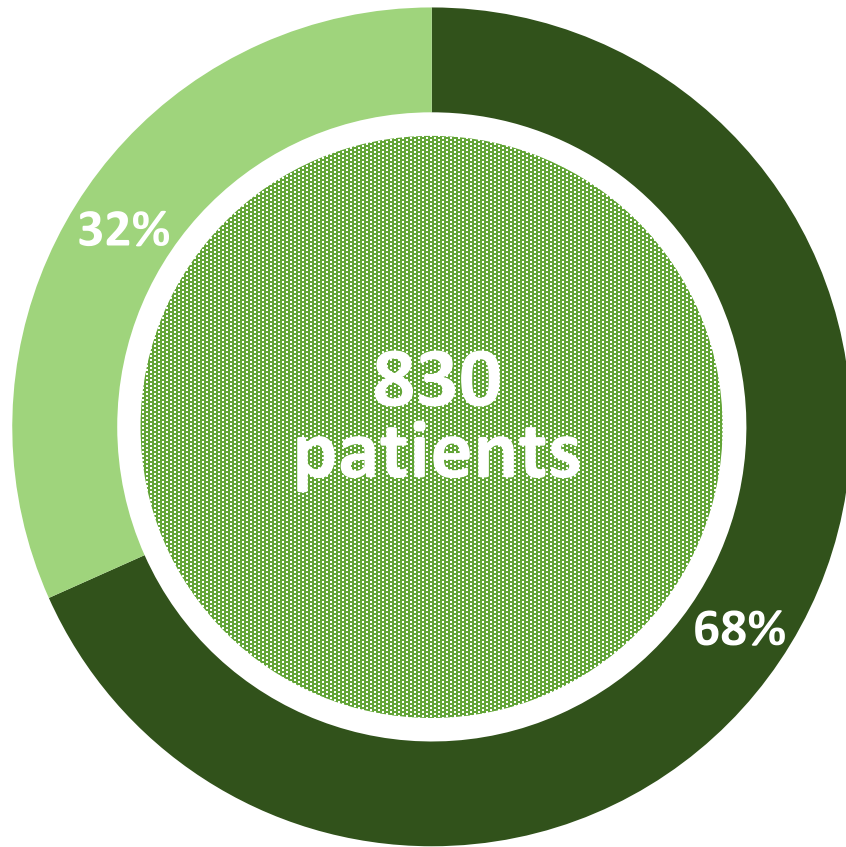
Presence of dietetic services in all the COTC



Availability of  
essential  
commodities for  
providing nutritional  
care

# Use of nutritional care for patients

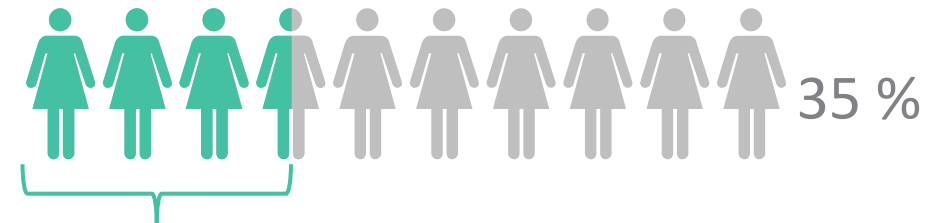
## Number of patients seen in COTCs



■ Patients who received a nutritional assessment

■ Patients who did not receive a nutritional assessment

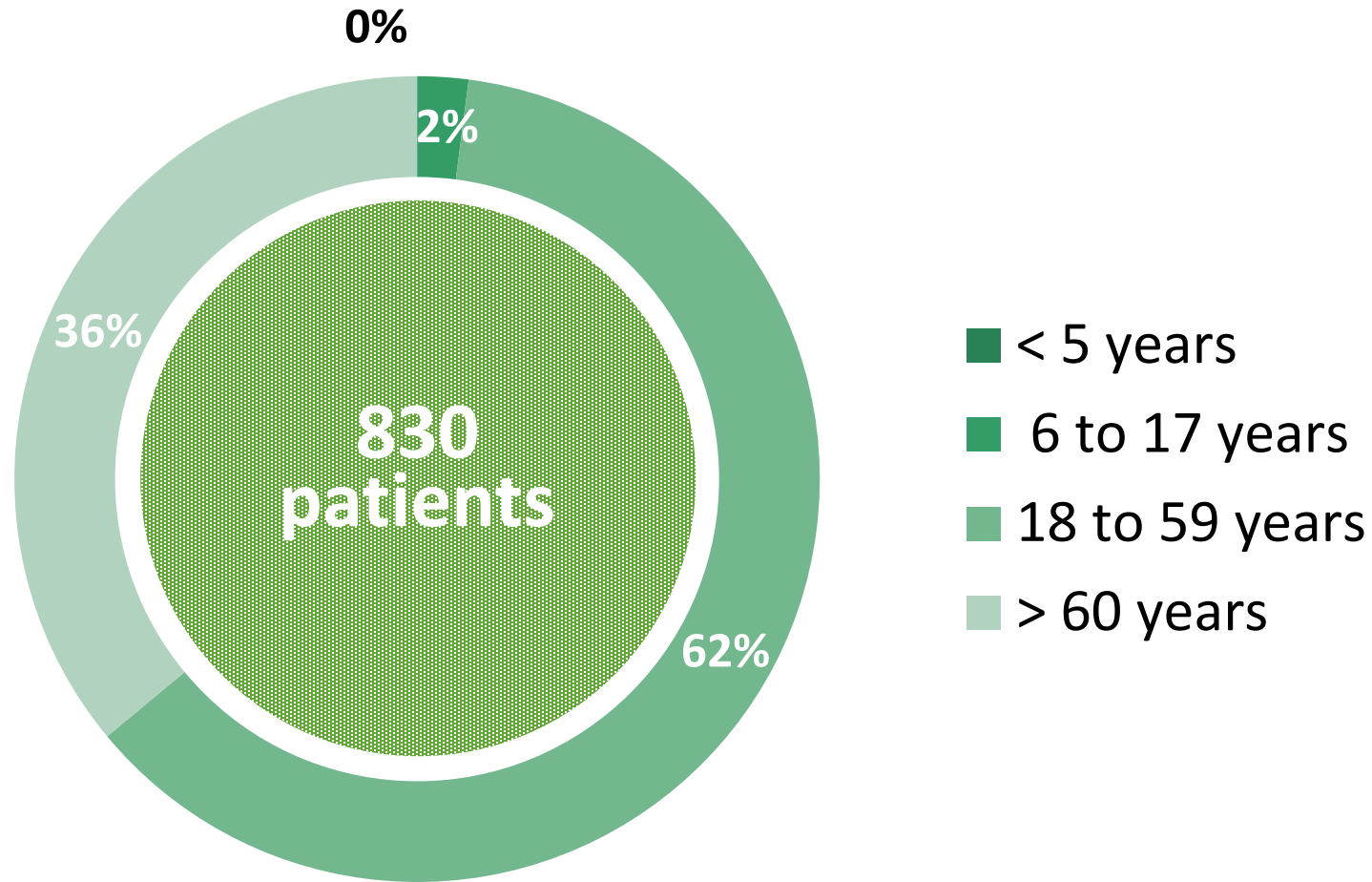
## Patients seen in COTCs by gender



Of which 4.3% (13) are pregnant women and 0.3% (1) are breastfeeding women.

# Use of nutritional care for patients

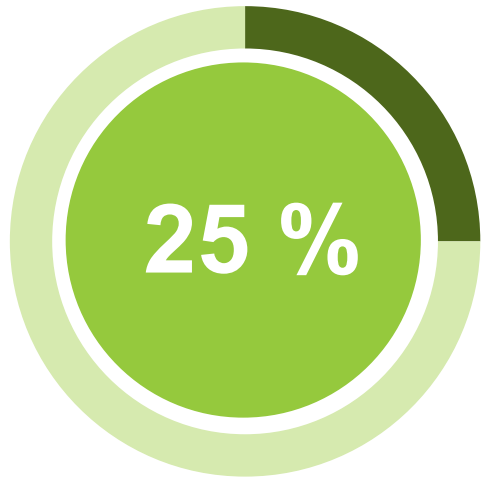
## Disaggregation by age



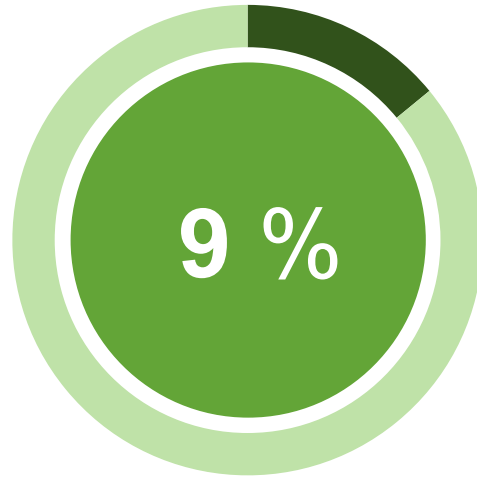
## Patients seen in COTCs by gender



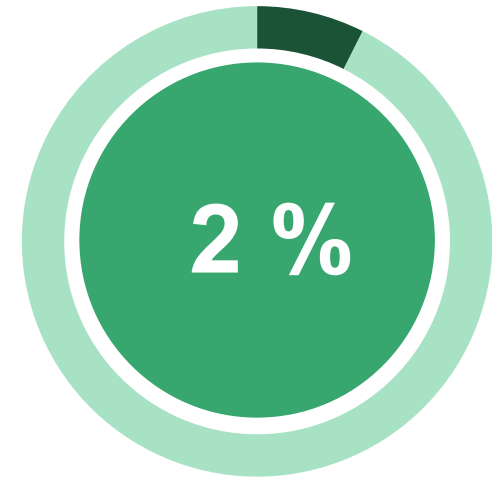
# Anthropometric



**BMI > 25**



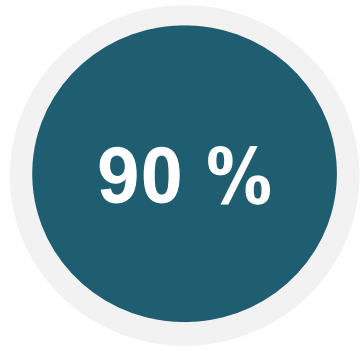
**BMI ≤ 18,5**



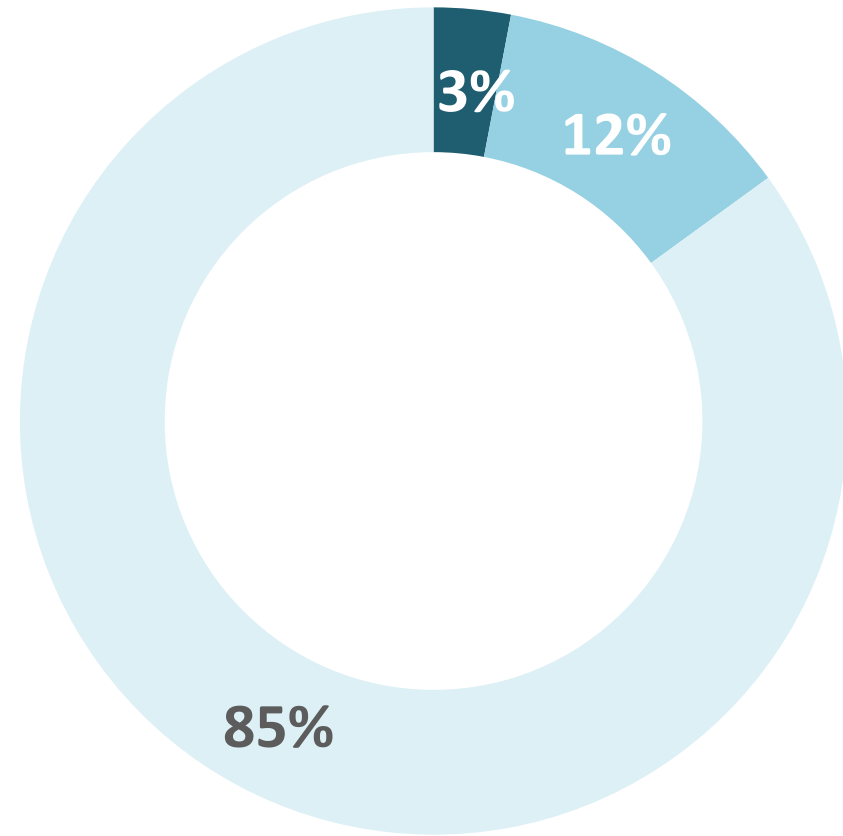
**BMI ≤ 16,5**

# Assessment of the risk of undernutrition(Score NRS 2002)

Type of specific nutritional support

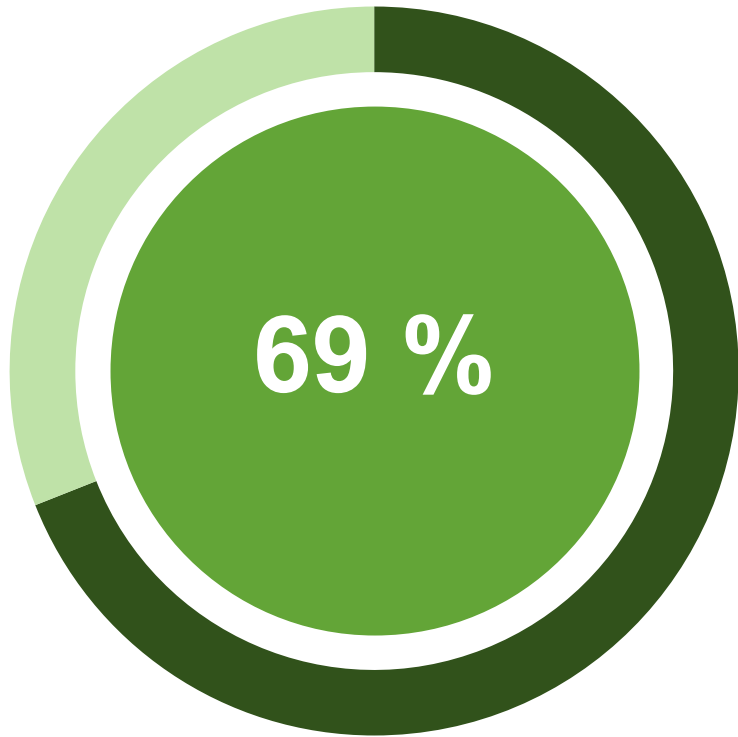


Patients received specific nutritional support

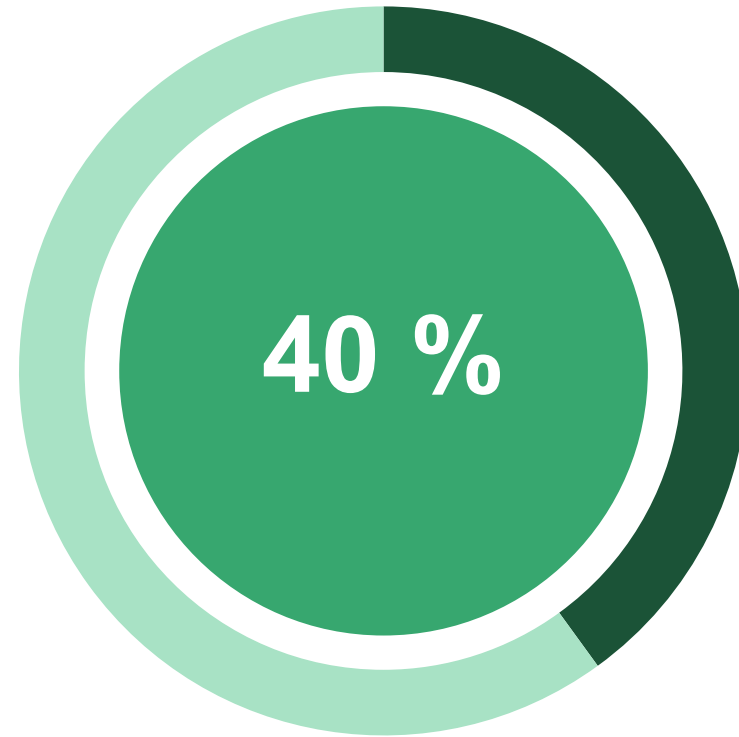


- Nasogastric tube
- Parenteral
- Oral

# Diet and frequency of meals



% of patients who received a 4-star diet



% of patients who consumed 3 meals per day

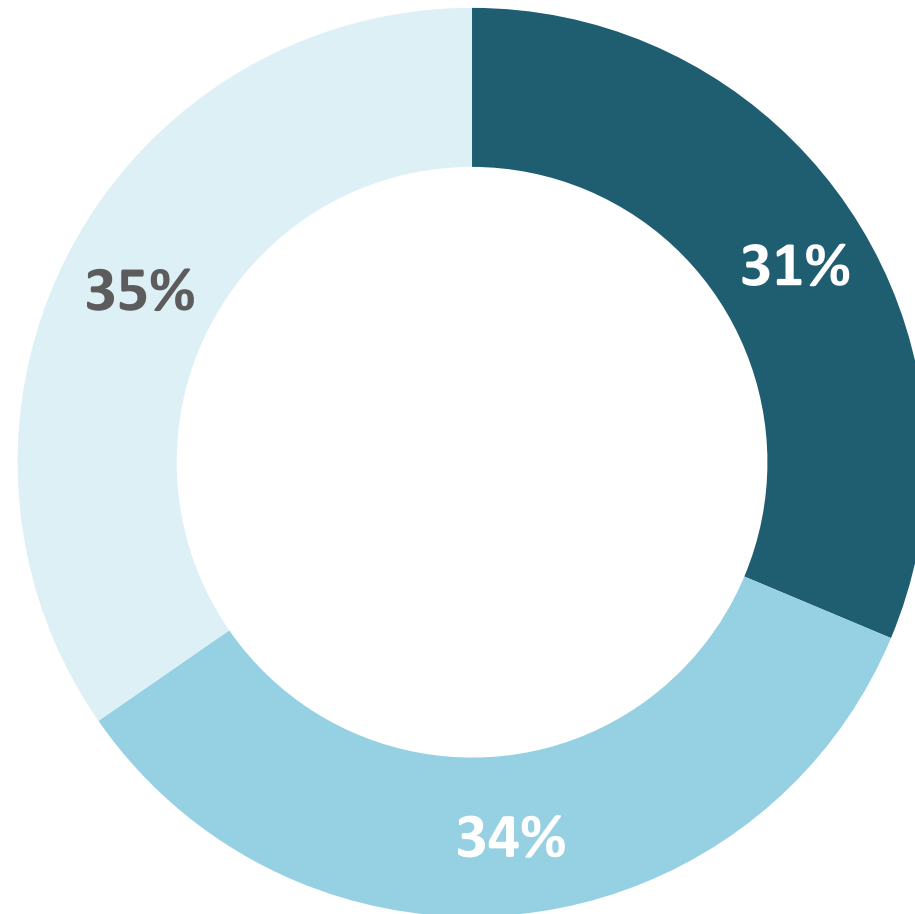


# Comorbidities and risk factors

Type of comorbidities



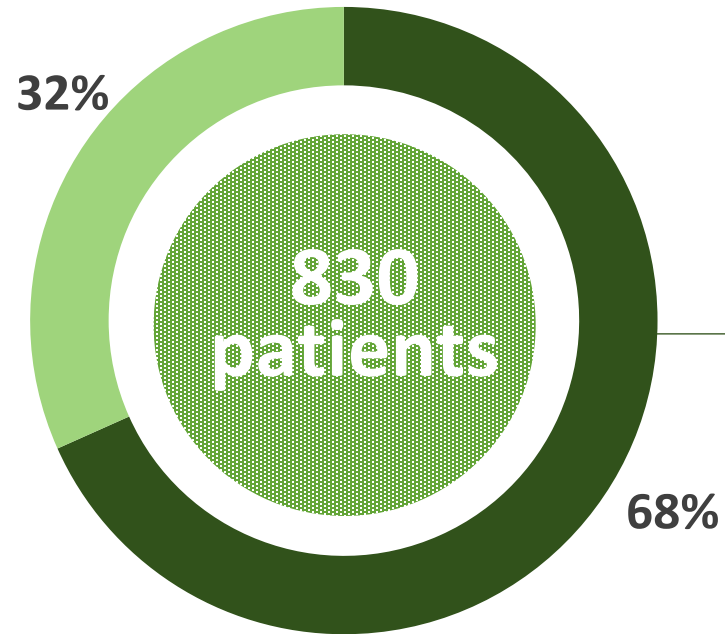
Hospitalized patients with comorbidity including:



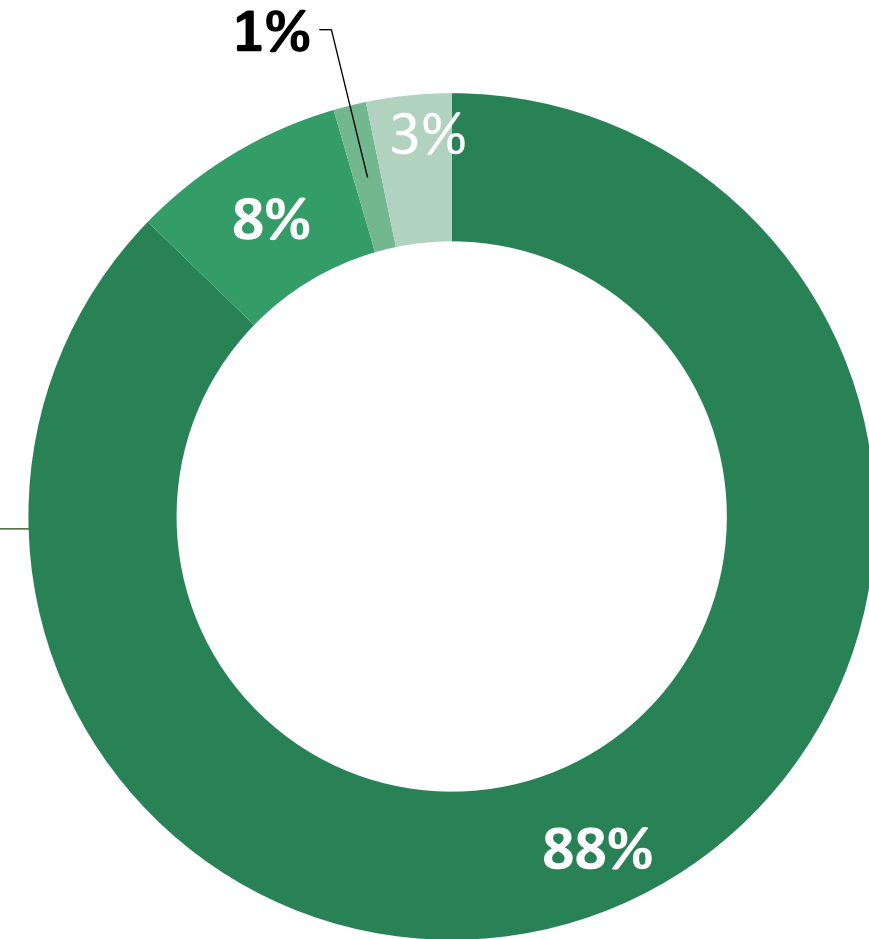
- High Blood Pressure
- Diabetes
- Others

# Use of nutritional care for patients

## Number of patients seen in COTCs



## Type of exits in the COTCs



■ Cured ■ Death ■ Defaulter ■ Transferred

# Challenges

## Operational

The absence of a Nutritionist-Dietitian in some COTCs, especially in the provinces.

The involvement of nutritionists-dieticians in the management of COVID-19 patients in all COTCs



## Institutional

Mobilize resources for systematic integration of nutrition into nutritional care for COVID-19 patients for all COTCs

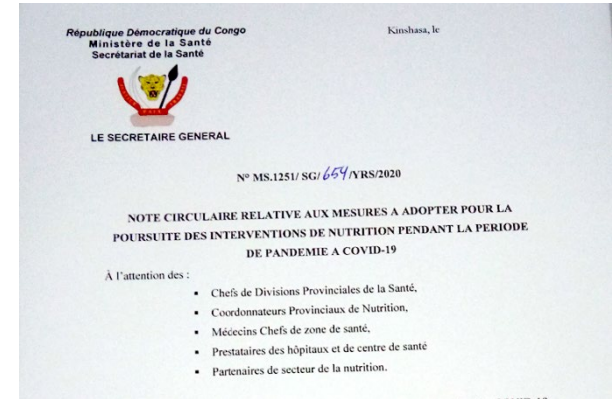
# The success factors



The strong leadership embodied by PRONANUT supported by the nutrition cluster within the Ministry of Health also made it possible to have discussions with the top hierarchy of the health sector for the integration of nutrition into the COVID-19 response.



DRC's experience in integrating nutrition into the EDV response which has facilitated the integration of nutrition into the COVID-19 response



The establishment of the technical working group on COVID-19 nutrition within the nutrition cluster and the nutrition - COVID-19 sub-committee, which made substantial advocacy with the governance of the multisectoral response for the integration of nutrition in the response plan and in the care protocol.

# Key messages

## Nutritional care

1

Integrated in 10 targeted hospitals in the city Province of Kinshasa, but there are still several challenges to overcome.

## Nutrition-Dietetic Services

2

Should be strengthened by the establishment of a policy and guidelines for Clinical Nutrition in hospitals

## Nutritional assessment

3

Must be systematic to early identify the risk of undernutrition and malnutrition and put in place prevention and treatment procedures;

## The collaboration

4

between doctors and dietitians nutritionists improves the quality of nutritional care

## Co-morbidities

5

Increase the rate of patient visits to treatment centers

## Deaths

6

50% are related to patients with co-morbidities

## Precocity

7

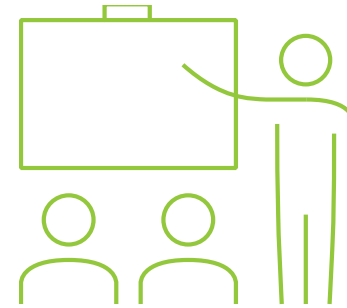
Talking about the impact of nutritional care for COVID-19 patients is still too early

# Perspectives



1

Assessment of the impact of the integration of nutrition in the care of COVID-19 patients.



3

Strengthen the functioning of the COVID-19 Nutrition Sub-Commission in all provinces affected by COVID-19



2

Documenting the integration of nutrition into the DRC COVID-19 response plan



4

Ensure the availability of equipment (reagents, anthropometric equipment, etc.)

Thanks

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